AMENDED		•	_R	egistration District No.		mary Registration	District No. 6	Registrar's No	LUGS		-
				. PLACE OF DEATH	AK LISOZ			2. USUAL RESIDE	NCE (Where deceased liv	ed. If institution:	Residence befor
le		1		a. COUNTY J	ACKSON			. STATE MIS	SOURT COUNTY	JACKSON	admission)
AMENDED	11			b. CITY (If outside co	prporate limits, give TOWN	ISHIP only)	Length of stay in 1b	c. CITY OR			Inside Limits
\	11				NSAS CITY		26 years		NSAS CITY		Yes 🔀 No 🗆
EA				c. FULL NAME OF (IF HOSPITAL OR	NOT in hospital, give loca	ation)	Inside Limits	d. STREET	(If cutside,	give location)	Reside on Farn
DATE	1 1		ĺ	HOSPITAL OR INSTITUTION RI	ESEARCH HOS	PITAL	Yes X No 🗆	375	1 WASHINGT	ON STREE	Yes No-E
	††	-	-:	. NAME OF DECEASED) First		Middle	Last		onth Day	Year
				(Type or print)	MORRIS	В.	יויד	CKER	DEATFEBRUA	RY 17+h	1962
			ļ —	5. SEX	6. COLOR OR RACE		X Never Married	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEA	R IF UNDER 24
			Ň	IALE	CAUCASIAN	Widowed	☐ Divorced ☐	2-19-00	61	Months Days	Hours Mi
		ı			(Give kind of work done		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(City and state or country)	12. CITIZEN OF	WHAT COUNTR
- 1			Aε	stistant "C'i	oddir ssioner	City W	<i>l</i> ater Dept	. Morrill	, Kansas	U.S.A.	
		1	13	a. FATHER'S NAME			OTHER'S MAIDEN NAM		P P	HUSBAND OF WIF	
				Oscar C.			nanda Scho			A' TUCKER	
		ĺ	15	WAS DECEASED EVER	R IN U.S. ARMED FORCES		OCIAL SECURITY NO	17. INFORMANT	C.TUCKER 9	Mgas Ci	ty, Mo.
1	[]		l		yes, give war or dates of		_	BERNELL.	C.TUCKER 9		
	1 1	Ξ		18. CAUSE OF DEATH	f (Enter only one cause per	r lin e fd. ,, , ,	,				TERVAL BETWE
		_		PART I.	DEATH WAS CAUSED BY	f:		_		1 0	INSET AND DEA
<u>.</u>		MEN		PART I.	DEATH WAS CAUSED BY IMMEDIATE CAUSE (a	/ :	tatic Care	virna P	ringer Blas		NSET AND DEAT
		COMEN		PART I.		/ :	tatic Care	mma P	riniary Blas		
		DOCUMEN		PART I.	IMMEDIATE CAUSE (a	hutas	tatic Care	mma P	ninary Blas		
NSTEAD OF		DOCUMEN		PART I. Condition which gabove	IMMEDIATE CAUSE (a ons, if any, pave rise to cause (a),	hutas	tatic Care	mma P	nimary Blas		PNSET AND DEAT
INSTEAD OF		DOCUMEN		Condities which g above stating	IMMEDIATE CAUSE (a	hutas	Satic Care	mma P	nimary Blas		ONSET AND DEAT
		DOCUMEN	NO	Conditie which g above stating lying c	ons, if any, pave rise to cause (a), the understeast DUE TO	(c)				Lelev III. If deceased	was female
		DOCUMEN	CATION	Conditie which g above stating lying c	ons, if any, pave rise to cause (a), the under-cause last. DUE TO	(c)				III. If deceased there a pregn	was female ancy in last 90 c
		DOCUMEN	TIFICATION	Condition which go above stating lying c	ons, if any, pave rise to cause (a), the under-cause (ast.) DUE TO	(c)CONDITIONS CO	ONTRIBUTING TO DEA	IH but not related f		III. If deceased there a pregn	was female ancy in last 90 c
		DOCUMEN	CERTIFICATION	Condition which go above stating lying condition PART II	ons, if any, pave rise to cause (a), the understeast DUE TO	(c)CONDITIONS CO	ONTRIBUTING TO DEA	IH but not related f	o the terminal PART	III. If deceased there a pregn	was female ancy in last 90 c
		DOCUMEN	CERTIF	Condition which go above stating lying condition PART II	ons, if eny, pave rise to cause (a), the under-cause lest. DUE TO disease condition given	(c) CONDITIONS CO	ONTRIBUTING TO DEA	IH but not related f	o the terminal PART	III. If deceased there a pregn	was female ancy in last 90 c
		DOCUMEN	CERTIF	Condition which go above stating lying condition PART II	ons, if any, pave rise to cause (a), the undertuse (a), the undertuse (a). OTHER SIGNIFICANT (disease condition given) 20a. ACCIDENT SUICIL	(c) CONDITIONS CO	ONTRIBUTING TO DEA	IH but not related f	o the terminal PART	III. If deceased there a pregn	was femala ancy in last 90 c
		DOCUMEN	MEDICAL CERTIFICATION	Condition which go above stating lying compart in the part of the	ons, if eny, pave rise to cause (a), the under-cause (ast.) DUE TO (ast.) DUE TO (ast.) DUE TO (ast.) OTHER SIGNIFICANT (ast.) DUE TO (ast.) OTHER SIGNIFICANT (ast.) OTHER SIGNIFICANT (ast.)	(c)	20b. DESCRIBE HO	H but not related to	o the terminal PART D. (Enter nature of injury i	III. If deceased there a pregn	was female ancy in last 90 o No Unkr I of Item 18.)
		DOCUMEN	CERTIF	Condition which go above stating lying compart in the part of the	ons, if eny, pave rise to cause (a), the under-cause (ast.) DUE TO (ast.) DUE TO (ast.) DUE TO (ast.) OTHER SIGNIFICANT (ast.) DUE TO (ast.) OTHER SIGNIFICANT (ast.) OTHER SIGNIFICANT (ast.)	(c) CONDITIONS CO	20b. DESCRIBE HO	H but not related to	o the terminal PART D. (Enter nature of injury i	III. If deceased there a pregn	was female ancy in last 90 c No Unkn I of Item 18.)
INSTEAD		DOCUMEN	MEDICAL CERTIF	Condition which go above stating lying condition which go above stating lying condition with the condition white and the condi	IMMEDIATE CAUSE (a part is to cause (a), the under-cause (ast.) DUE TO (a part is to cause (a), the under-cause ((c)	20b. DESCRIBE HO	I'H but not related to I'NJURY OCCURRED	o the terminal PART D. (Enter nature of injury i	III. If deceased there a pregn	was female ancy in last 90 of No Unkr I of item 18.)
INSTEAD		DOCUMEN	MEDICAL CERTIF	Condition which go above stating lying condition which go above stating lying condition with the condition which will be conditionally condition with the condition will be conditionally conditionally condition with the condition will be conditionally con	IMMEDIATE CAUSE (a) pass, if eny, pave rise to cause (a), the under-teuse last. DUE TO 1. OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICIL CAUSE (C) CONTROL CAUSE (B), TO CONTROL CAUSE (C) C	(c) CONDITIONS CO in PART I (a) DE HOMICIDE E OF INJURY (e.g factory, street, o	20b. DESCRIBE HC 20b. DESCRIBE HC 3., in or about home, ffice bldg., etc.)	IH but not related to W INJURY OCCURRED 201. CITY, TOWN, O	D. (Enter nature of injury i	III. If deceased there a pregn PART I or PART I	wes female ancy in last 90 o
INSTEAD		DOCUMEN	ack MEDICAL CERTIF	PART I. Condition which go above stating lying or PART II 19. WAS AUTOPSY PERFORMED? YES IN IDIA 20c. TIME OF Hour INJURY S.m. p.m. 20d. INJURY OCCURRI WHILE AT WORK NOT WHILE WHILE WORK NOT WHILE WHILE WHILE WHILE WHILE WHI	IMMEDIATE CAUSE (a) ons, if eny, pave rise to cause (a), the under- cause last. DUE TO 1. OTHER SIGNIFICANT (disease condition given 20a. ACCIDENT SUICIT Month, Day, Year ED 20e. PLACE (a) WORK []	(c) CONDITIONS CO in PART I (a) DE HOMICIDE	20b. DESCRIBE HC 20b. DESCRIBE HC 3., in or about home, ffice bldg., etc.)	W INJURY OCCURRED 20f. CITY, TOWN, O	o the terminal PART D. (Enter nature of injury i	III. If deceased there a pregn PART I or PART I	was female ancy in last 90 c No Unkn I of item 18.) STATE
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INSTEAD		OF DOCUME	1. Black MEDICAL CERTIF	Condition which go above stating lying of PART II 19. WAS AUTOPSY PERFORMED? YES NO III 20c. TIME OF Hour INJURY S.m. p.m. 20d. INJURY OCCURRI WHILE AT WORK NOT WHILE AT W	IMMEDIATE CAUSE (a) ons, if eny, pave rise to cause (a), the under- cause last. DUE TO 1. OTHER SIGNIFICANT (disease condition given 20a. ACCIDENT SUICIT Month, Day, Year CO PLACE WORK D 1. OTHER SIGNIFICANT (disease condition given) 20a. ACCIDENT SUICIT Acceptable of the part of the p	(c)	20b. DESCRIBE HO 20b. DESCRIBE HO 2., in or about home, ffice bidg., etc.) 10. 2-17	W INJURY OCCURRED 20f. CITY, TOWN, O - G = are date stated above, 22b. ADDRESS	o the terminal PART D. (Enter nature of injury in the control of injury injury in the control of injury inj	COUNTY COUNTY COUNTY COUNTY COUNTY	was female ancy in last 90 c No Unkn I of item 18.) STATE
SHOULD READ INSTEAD		AVIT OF DOCUME	AA Black MEDICAL CERTIF	Condition which go above stating lying condition which go above stating lying condition with the condition which condition with the condition with	IMMEDIATE CAUSE (a) ons, if any, pave rise to cause (a), the under- cause last. DUE TO 1. OTHER SIGNIFICANT (disease condition given 20a. ACCIDENT SUICIL 7 Month, Day, Year ED	(c)	20b. DESCRIBE HO 20b. DESCRIBE HO 2. in or about home, ffice bldg., etc.) 7. to	W INJURY OCCURRED 20f. CITY, TOWN, O are date stated above, 22b. ADDRESS	D. (Enter nature of injury in the location in	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	swes female ancy in last 90 c No Unkn I of item 18.) STATE L 22c. DATE SIG L 1/7 6 L (State)
NO. SHOULD READ INSTEAD		AVIT OF DOCUME	Dony A. Black MEDICAL CERTIF	Condition which go above stating lying of PART II 19. WAS AUTOPSY PERFORMED? YES NO ID 20c. TIME OF HOUT A.m. p.m. 20d. INJURY OCCURRING WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WORK NOT WORK NOT WHILE AT WORK NOT WORK NO	IMMEDIATE CAUSE (a) cons, if eny, pave rise to cause (a), the under- cause last. DUE TO 1. OTHER SIGNIFICANT (disease condition given 20a. ACCIDENT SUICIL MONTH, Day, Year ED 20e. PLACE farm, WORK 20e. PLACE farm, 1. 23b. DATE Feb. 20, 196	(c)	20b. DESCRIBE HO 20b. DESCRIB	W INJURY OCCURRED 20f. CITY, TOWN, O — G 1— are date stated above, 22b. ADDRESS MATORY THE CETY	D. (Enter nature of injury in the least saw him alive on and to the best of my known a	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY We have a pregnance of p	was female ancy in last 90 c No Unkn I of item 18.) STATE Lauses stated. 22c. DATE SIG
SHOULD READ INSTEAD		VIT OF DOCUME	DonyA. Black MEDICAL CERTIF	Condition which go above stating lying of PART II 19. WAS AUTOPSY PERFORMED? YES NO ID 20c. TIME OF HOUT PINJURY a.m. p.m. 20d. INJURY OCCURRING WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WORK NOT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WORK NOT WORK NOT WORK NOT WORK NOT WHILE WORK NOT WORK NOT WORK NOT WH	IMMEDIATE CAUSE (a) cons, if eny, pave rise to cause (a), the under- cause lest. DUE TO 1. OTHER SIGNIFICANT (disease condition given 20a. ACCIDENT SUICIL MONTH, Day, Year ED 20e. PLACI farm, WORK 20e. PLACI farm, w	CONDITIONS CO in PART I (a) E OF INJURY (a.g. factory, street, o 23c. NAME 23c. NAME	20b. DESCRIBE HO 20b. DESCRIB	W INJURY OCCURRED 20f. CITY, TOWN, O 10 date stated above, 22b. ADDRESS MATORY TE RECD. BY LOCAL F	D. (Enter nature of injury in the least saw her alive on and to the best of my known a	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY We have a pregnance of p	was female ancy in last 90 No Unk. I of item 18.) STATI Lauses stated. 22c. DATE SIC L 177 6 (State)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	name is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Janus Ryart
StudentSignature of Student Embalmer	Signed Janua Guest
	Licensed Embalmer No. 40 96
	P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.